MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 553438

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿ AMENDMENT			AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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12							62						
13			1				63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	20	←		←	TOTAL DEP		←		←		←
TOTAL CLAIMS			22				TOTAL CLAIMS						

Best Available Copy